PTO/SB/17 (01-06)

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Date 3/15/2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL For FY 2006				Application Num	ber 09/	09/922,473			
				Filing Date	08/	08/03/2001			
				First Named Inv	entor Ale	Alex Urich			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Lau	Laura A. Bouchelle			
				Art Unit	376	3763			
TOTAL AMOUNT OF PAYMENT (\$) 455.00				Attorney Docket	No. CT	CTREE-72853			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 06-2425 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		FILING FEES S Small Entity		CH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	<u>.</u> 1	Fees Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	300		<del></del>	
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)									
Fee Description  Feeb elaim ever 20 (including Paissues)							n <u>Fe</u>	<u>e (\$)</u> 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							1	00	
Multiple dependent claims						200 360		80	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						Multiple Dependent Claims			
- 20 or HP =	Extra Grann	x : 33 (4)	=			Fee (		ee Paid (\$)	
HP = highest number of total	•	if greater than 20.							
Indep. Claims	Extra Claims		Fee	Paid (\$)					
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): RCE filing fee/1 Month Extension of Time  455.00									
SUBMITTED BY Signature Registration No. 38,881 Telephone 310/824-5555									
Signature \	~ タヒ ー ファ	to ender	- 17	Registration No. 3	8,881	l i ele	pnone 310.	/824-5555	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) John K. Fitzgerald, Reg. No. 38,881